

WORKFORCE SERVICES

sdjobs.org

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
UNSUBSIDIZED EMPLOYMENT**Name: _____
FIRST LAST

Last Four of SSN: _____ Tel: (____) _____ – _____

Mailing Address:

STREET CITY STATE ZIP**EMPLOYER INFORMATION**

Organization Name: _____

Business Type: ☐ Non-profit ☐ Faith-based ☐ Government ☐ Informal

Supervisor Name: _____ Supervisor Title: _____

Email: _____ Tel: (____) _____ – _____

Mailing Address: _____
STREET CITY
STATE ZIP**EXIT INFORMATION**Reason for program Exit: (select only one) ☐ Regular Employment ☐ Self-EmploymentTraining Related Placement: ☐ Yes ☐ No Start Date: ____/____/____

Starting hourly wage: \$_____ Job Title: _____

☐ Full-Time ☐ Part-Time Number of hours expected to work per week: _____Is your employer a host agency: ☐ Yes ☐ No

Benefits (check all that apply)

☐ Health Insurance ☐ Sick Leave ☐ Pension/Profit Sharing ☐ Vacation ☐ Transportation☐ Room and Board ☐ Other: _____ ☐ None**VOLUNTEER INFORMATION**Will you engage in volunteer work after participation: ☐ Yes ☐ No ☐ Unknown

If yes, number of volunteer activities _____

Number of hours spent volunteering each week _____

Primary volunteer activity: _____

Activity conducted for: ☐ Non-profit ☐ Faith-based ☐ Government ☐ Informal

DISCLAIMER AND SIGNATURE

I authorize DLR to collect information regarding my employment status and wages for a period of thirteen months from the date below. This information may be used solely for statistical purposes and may not be disclosed to anyone not connected with the Senior Community Service Employment Program (SCSEP) in a manner that is individually identifying.

SIGNATURE

____/____/_____
DATE